



**Fiscal Years 2020-2022**

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**FY 2020**

**Annual Implementation Plan**





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## TIMELINE

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<b>December 5-13, 2018</b>	Convene four (4) Community Visioning Forums on the FY 2020 – FY 2022 Multi-Year Plan (MYP).
<b>January 9, 2019</b>	Disseminate preliminary findings from the Community Visioning Forums to the Long Range Planning Committee.
<b>February 13, 2019</b>	Joint Meeting of Long Range Planning and Grant & Contract Review Committee regarding FY 2020 – FY 2022 MYP funding levels.
<b>February 15, 2019</b>	Disseminate results of Community Visioning Forums to DAAA Advisory Council and seek initial input on FY 2020 – FY 2022 Multi-Year Plan.
<b>March 13, 2019</b>	Long Range Planning Committee meeting held to discuss plan and funding levels.
<b>March 18, 2019</b>	DAAA Advisory Council meeting held to seek input on the proposed plan.
<b>March 25, 2019</b>	DAAA Board of Directors updated on proposed plan.
<b>April 10, 2019</b>	Long Range Planning Committee to seek approval to release the proposed plan for public review and comment.
<b>April 12, 2019</b>	Approval of proposed plan by DAAA Advisory Council for public review and comment.
<b>April 22, 2019</b>	Approval of proposed plan by DAAA Board of Directors for public review and comment.
<b>April 28, 2019</b>	Thirty-day public notice regarding public hearings placed in newspaper by Thursday, April 25, 2019 for Sunday edition.
<b>April 29-May 3, 2019</b>	Invitational flyers mailed to consumers and community stakeholders through May 3, 2019.
<b>May/June 2019</b>	Facilitate AASA Field Representative's review of draft plan in AMPS.
<b>June 4-5, 2019</b>	Convene public hearings on the FY 2020 - FY 2022 Multi-Year Plan.
<b>June 5, 2019</b>	Long Range Planning Committee recommends any revisions of the proposed plan.
<b>June 7, 2019</b>	Approval of draft MYP by DAAA Advisory Council.
<b>June 24, 2019</b>	Plan approval at the DAAA Board of Directors meeting.
<b>July 1, 2019</b>	Final draft plan due to Aging and Adult Services Agency.
<b>July 19, 2019</b>	Region 1-A deadline for submitting Municipal Sign-Offs to DAAA.

## **SECTION I: FY 2020 – 2022 PLAN HIGHLIGHTS**

### **OUR MISSION**

The Detroit Area Agency on Aging's (DAAA) mission is to “educate, advocate and promote healthy aging to enable people to make choices about home and community-based services and long-term care that will improve their quality of life.

### **OUR VISION**

To be a leader in promoting positive aging means identifying and implementing solutions for challenges facing older persons and their caregivers with an emphasis on at-risk older persons and adults with disabilities.

### **OUR CORE VALUES**

DAAA is guided by a set of core values in developing and carrying out its mission in order to effectively manage its strategic planning process, programs and services and advocacy efforts. These values include the following:

- Person-Centered Services
- Trust and Respect
- Integrity and Professionalism
- Excellence and Quality
- Teamwork and Collaboration
- Accountability
- Commitment to Community
- Celebration of Diversity

The DAAA was founded in 1980 as a private, non-profit agency. NCQA, CARF and AADE accredited, the agency is one of 16 Area Agencies on Aging (AAAs) in Michigan and 622 in the nation. This credentialing consists of accreditation through National Committee on Quality Assurance (NCQA), Commission on Accreditation of Rehabilitation Facilities (CARF) and American Association of Diabetes Educators (AADE). DAAA serves a region consisting of over 300,000 targeted consumers including 144,234 older adults, family caregivers, veterans and dual-eligible residents according to the 2016 American Community Survey. Physically located in Detroit, a city experiencing rapid redevelopment, DAAA's region encompasses Detroit and the surrounding central and eastern suburbs of Wayne County. Region 1-A communities consist of the city of Detroit, Hamtramck, Highland Park, the five Grosse Pointes and Harper Woods.

DAAA has an annual budget of \$77 million and makes an array of services available to consumers through the Older Americans Act of 1965 (as amended) and the Older Michiganians Act of 1981 as well as other public and private resources. The organization receives Medicaid funding for the MI Choice Home and Community-Based Waiver from the Michigan Department of Health and Human Services (MDHHS) and



DAAA plans to continue making Community Wellness Service Center services available at up to four sites at least through FY 2020. These services will be supported with Community Service Navigator, Disease Prevention and Health Promotion, Senior Center Operations, Senior Center Staffing and Transportation funding. After completion of its comprehensive community needs assessment in FY 2019, DAAA will make a determination regarding restructuring its funded services mix with input from older adults, caregivers and other community stakeholders. This community needs assessment will extensively examine the social determinants of health to identify the needs and service gaps through public health and socio-economic lenses in order to move the organization and its local service delivery system forward. A summary of the services to be funded at least through FY 2020 are highlighted below with an asterisk by the five services funded at the highest levels:

<ul style="list-style-type: none"> <li>• Adult Day Services</li> <li>• Assistance for the Hearing Impaired and Deaf</li> <li>• Care Management*</li> <li>• Caregiver Education, Support and Training</li> <li>• Community Service Navigator</li> <li>• <b>Congregate Meals*</b></li> <li>• Disease Prevention and Health Promotion</li> <li>• Programs for the Prevention of Elder Abuse</li> <li>• <b>Home Care Assistance*</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Home-Delivered Meals*</b></li> <li>• Information &amp; Assistance*</li> <li>• Kinship Support Services</li> <li>• Legal Services</li> <li>• Long Term Care Ombudsman</li> <li>• <b>Options Counseling</b></li> <li>• Outreach</li> <li>• <b>Respite Care*</b></li> <li>• Senior Center Operations</li> <li>• Senior Center Staffing</li> <li>• Transportation</li> <li>• Vision Services</li> </ul>
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DAAA will continue to aggressively diversify its funding base through public and private partnerships and funding with its mission at the forefront. This includes implementation of MI Choice and MI Health Link as well as continuing to provide Care Transition services through a contract with Total Home Health Care. In addition, DAAA will continue to bill Medicare for Diabetes Self-Management Program and Medical Nutrition Therapy and explore ways to expand Medicare billing for evidence-based programs and managed long-term care supports and services. The loss of OAA funding during this decade is a major factor in the continued diversification of funding through the agency's planned business strategy. These strategies will include grants/fund development, fundraising, the execution of value-added business propositions and community volunteerism. Activities to be pursued to implement this multi-faceted goal are highlighted below:

- Identifying public resources through local governments to replace loss funding to support home-delivered meals and other in-home services targeting the at-risk elderly.
- Advocating for the expansion of in-home services in collaboration with the Silver Key Coalition.

DAAA promoted the events through information fairs, e-blast, mailings, media alerts and social media. Special attention was given to including Native Americans, Hispanic/Latinx and Asian American communities. At the Southwest Detroit community visioning forum, questions were translated for Asian and Hispanic seniors using headsets and/or translators. DAAA offered the public input sessions in accessible facilities to attract attendees from the west side, north central, east side and far east areas of Region 1-A. Promotional information targeted older adults, caregivers, adults with disabilities, elected officials, service providers, advocates as well as the general public.

The table below highlights the location and attendance level of the community visioning forums. Attendance includes the public and only includes DAAA staff once to avoid a duplicated count:

<b>Locations</b>	<b>Date</b>	<b>Location</b>	<b>Attendance</b>
<b>Northwest Detroit</b>	December 5, 2018 9:30a.m. – 12:30 p.m.	Greater Grace Conference Center 23500 W. Seven Mile Road Detroit, MI 48235	71
<b>North Central/ East Detroit</b>	December 6, 2018 9:30a.m. – 12:30 p.m.	FOCUS: Hope 1400 Oakman Blvd. Detroit, MI 48238	123
<b>Far East</b>	December 12, 2018 9:30a.m. – 12:30 p.m.	Grosse Pointe War Memorial 32 Lakeshore Drive Grosse Pointe Farms, MI 48236	53
<b>Southwest Detroit</b>	December 13, 2018 9:30a.m. – 12:30 p.m.	George S. Patton Community Center 1301 Woodmere Detroit, MI 48209	88
<b>Total</b>	--	--	347

### **PUBLIC HEARINGS ON FY 2020- FY 2022 MULTI-YEAR PLAN**

Two public hearings will be held in June 2019 in order to review the FY 2020 – FY 2022 Multi-Year Plan to obtain input from the public. A summary of the planned dates for the events follow:

<b>Public Input Sessions</b>	<b>Date</b>	<b>Location</b>	<b>Attendance</b>
<b>North Central/ East Detroit and Far East</b>	June 4, 2019 10:00 a.m. – 12:00 noon	Butzel Family Services 7737 Kercheval Street Detroit, MI 48214	N/A
<b>Northwest, West and Southwest</b>	June 5, 2019 10:00 a.m. – 12:00 noon	Sacred Heart Major Seminary 2701 Chicago Blvd Detroit, MI 48206	N/A



population. Grandparents raising grandchildren account for 2.5% of the Region's population with 3,510 residents providing kinship support. About 41% of the 60-plus group has a disability. This translates into 58,390 individuals. The disability rate of all Region 1-A residents is nearly 2.5 times that of the sixty-plus population. The community has a significant number of minority residents who experience cultural and language barriers.

DAAA's older adult population continues to die prematurely or have a poorer health status than their Michigan counterparts. Mortality data from DAAA's Dying Before Their Time Report conducted in 2012 found that older adults age 60-plus are dying prematurely than the remainder of the State. When examining 2016 excess death data for Detroit, there were 346 more deaths for 46 – 64 year olds, 716 more deaths in the 55 – 64 year olds and 543 more deaths for the 65 – 74 year olds. Key chronic illnesses effecting area older adults include diabetes, heart disease, hypertension, cancer, heart disease and renal failure. Many of these individuals often experience complex problems, have many social and economic needs along with multiple chronic conditions that impact their quality of life. During the community visioning forums, the key high priorities that surfaced include the need for transportation, in-home services, nutrition services, health and wellness interventions, information and assistance, outreach, adult day services and support for informal caregivers. Participants also want more affordable housing, safe streets and neighborhoods with good city services and amenities so they can age in place.

To address the needs of at-risk older adults as well as the moderately impaired and active older adult and their caregivers, DAAA will continue to step up efforts to target resources to the frail, homebound seniors, connect low-income seniors to public benefits and services and expand health and wellness activities. These individuals will also be referred to services within and outside of its service delivery system. Since a number of seniors and providers at community visioning forums have noted the increase in social isolation, loneliness and depression among seniors which is well documented in Wayne State University study by Heather Fritz, Ph.D. entitled "*Older Adult Experience with Neighborhood Change*," DAAA will add a sixth program development goal to its plan to address this issue. DAAA will reach out to the behavioral health network, AARP Michigan and other community stakeholders to address substance abuse and social isolation as well as expand its foot print into caregiving. It will also continue to work with the several municipal governments to ensure that Region 1-A continues to become more age-friendly.

DAAA will continue to strengthen partnerships with health care and a broader range of long-term-care service providers to position the agency and provider network to better screen seniors who are veterans, dual eligible and eligible for other resources in order to address their needs and leverage limited resources. These opportunities are coming at a time when DAAA has limited funding for homemaker and personal care outside of the MI Choice HCBS Waiver Program and MI Health Link.

groups, law enforcement and financial institutions on the prevention of elder abuse and financial exploitation.

As part of DAAA's Information and Assistance's comprehensive intake process, the protocol is to ask callers about their health conditions including whether they have Alzheimer's disease or dementia. Caregivers calling for services often provide intake staff with this information. If a caller asks for assistance with Activities of Daily Living (ADLs), it triggers the completion of the Michigan Intake Guidelines (MIG), a pre-screening questionnaire for waiver services. This tool allows the identification of possible cognitive impairment or dementia and this information is shared with support coordinators, care coordinators and Direct Purchase of Services (DPOS) or other providers through a Request for Information. When MI Health Link staff becomes aware of possible cognitive impairment, the protocol is to notify the Integrated Care Organization (ICO). If the caller specifically requests information about determining cognitive impairment or dementia, they are referred to their primary care physician (PCP) for evaluation or to another provider that offers a Mental Health evaluation. Currently, field staff receives training on Understanding Dementia (5.5 hours), Communicating Strategies for Challenging Behavior among People with Dementia, Gerontology 101 (Improving the Culture of Systems of Care and Person-Centered Planning (45 – 60 minutes). To improve dementia care in the future, DAAA will implement the following:



- Low-income status
- Racial or ethnic minority status
- Frailty or homebound status
- Age 85 years and over
- Dementia patients/caregivers
- Mental or physical disability including dementia
- Non-English speaking
- Cultural or social isolation
- Living alone without support
- Lack of access or inability to access community resources
- Isolated seniors such as those who are Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ)
- At-risk older adults being abused or exploited

DAAA and its service provider network will continue to use TDD, interpreters, braille, user-friendly materials, assistive technology, building accessible equipment and other methods to increase access of hearing, visually impaired and other vulnerable individuals to information and services. DAAA will continue to partner with Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Elder Coalition to identify service needs. Finally, DAAA will work with local dual-eligible clients to identify service gaps in health care.

To reach isolated and at-risk, older adults and caregivers, DAAA will train additional staff team members to provide presentations at various venues to promote and publicize its programs:

- Engage DAAA Board of Directors, Advisory Council, staff, service providers and other partners in promoting programs and services.
- Work with Alzheimer's Disease Association, Rosa Parks Geriatric Clinic and other partners to coordinate services.
- Focus on specific areas where potential participants can be found including, but not limited to medical professionals, faith-based organizations, providers, neighborhood offices, emergency rooms and other locations.
- Partner with adult literacy groups to develop better communication with seniors and adults with disabilities who have literacy challenges.
- Strengthen partnerships with Outreach and Assistance agencies to collaboratively market programs and services.
- Seek out opportunities to advertise in local newspapers in our service areas.

## ACCESS AND SERVICE COORDINATION CONTINUUM

The Access and Service Coordination Continuum matrix below describes Region 1-A's continuum for long term care services for older adults and their caregivers. The continuum of services ranges from basic, information and assistance to community navigation, to options counseling, to case coordination and support to care management services:

ACCESS AND SERVICE COORDINATION CONTINUUM					
It is essential that each PSA have an effective access and service coordination continuum. This helps participants to get the right service mix and maximizes the use of limited public funding to serve as many persons as possible in a quality way.					
<b>Instructions</b> The Access and Service Coordination Continuum is found in the Documents Library as a fillable pdf file. (A completed sample is also accessible there). Please enter specific information in each of the boxes below that describes the range of access and service coordination programs in the area agency PSA.					
	Level 1	Level 2	Level 3	Level 4	Level 5
	Least Intensive				Most Intensive
Program	Information & Assistance	Community Service Navigators	Options Counseling	TCARE/Case Coordination & Support	Care Management
<b>Participants</b>	All persons inquiring about services and resources for those over the age of 60-plus for caregivers caring for elders or grandparents or for employment and training for those 55 years and over.	All needing information and assistance to remain in the their home or communities especially those who need require health promotion and disease management.	All persons needing information and guidance with Long Term Care Options Planning	Individuals eligible for ongoing in-home services or respite who do not meet Nursing Facility Level of Care and/or Caregivers who are seeking assistance to continue care for love one	Individuals that meet the NFLOC level and are eligible for ongoing in home or respite care services (per guidelines and standards).
<b>What Is Provided?</b>	Basic information on services available in the community to meet the consumer's needs.	Basic information on services available in the community to meet the consumer's needs; refers participants to health promotion and disease prevention opportunities	Information on issues related to Long Term Care and person-centered planning or consultation	<ul style="list-style-type: none"> <li>- Completion of full COMPASS in-home assessment</li> <li>- Development of customized person-centered plan</li> <li>- Develop care pan to address long term care needs</li> <li>- Provide in-home services</li> <li>- Assist those able to make voluntary donations</li> <li>- Empower individuals/families with help of support coordinators</li> <li>- Complete monthly phone calls</li> <li>- Reassessed every 6 months in persons</li> </ul>	<ul style="list-style-type: none"> <li>- Completion of full COMPASS in home assessment</li> <li>- Development of a customized, person-centered plan for services</li> <li>- Use of service authorizations and cost sharing to provide extended in home services</li> <li>- Reassessment conducted every 3 - 6 months dependent on services received</li> <li>- TCM Nurses make monthly monitoring visits</li> </ul>
<b>Where is the service provided?</b>	Telephone	Telephone, community center, in-home for frail or adults with disabilities, if needed	Telephone/In-Home	In-home	In-home

## PLANNED ARRAY OF SERVICES

The Planned Array of Services chart below indicates the appropriate placement for each AASA adopted service category and Area Agency on Aging developed regional service definition(s) for FY 2020 – FY 2022 as well as other community resources that are available that are not funded by the Aging Services Network.

	Access	In-Home	Community
<b>Provided by AAA</b>	<ul style="list-style-type: none"> <li>• Care Management</li> <li>• Information and Assistance</li> <li>• Outreach</li> </ul>	Nutrition Assessments	<ul style="list-style-type: none"> <li>• Long Term Care Ombudsman and Advocacy</li> <li>• Health Promotion Disease Self-</li> </ul>



Vision 2020 Strategic Plan will be fully completed after the completion of the community needs assessment as well as facilitated strategic planning discussions.

DAAA strongly believes that our ability to have “boots on the ground” who understand the needs of urban elders, armed with our NCQA, CARF and AADE accreditations and staff expertise will enable DAAA to continue to build collaborative relationships with managed care organizations and other partners. DAAA will also utilize local resources as well as those being made available through the Administration on Community Living and n4a Business Institute to carve out an expanded role in Medicare/Medicaid managed Long Term Care Services.

Key issues impacting the agency and the aging community are highlighted below:

**Issue #1** – Reduction of funding due to the Intra-State Funding Formula.

**Issue #2** -- Elimination of Wait List for Home-Delivered Meals, In-Home Services and MI Choice.

**Issue #3** – Health and Disability Status of Older Adults in Region 1-A.

**Issue #4** -- Expand support system for Caregivers.

**Issue #5** – Lack of Age-Friendly Communities with Sufficient Transportation, Affordable Housing and City Services.

**Issue #6** – Prevalence of Social Isolation, Loneliness & Depression.

### **Impact of MI Choice and MI Health Link on Traditional Services**

Currently, DAAA has contracts with Aetna, AmeriHealth, Michigan Complete Health (Formerly Fidelis), Health Alliance Plan and Molina to provide Supports Coordination under MI Health Link. In addition, it has a contract with Total Home Health for Care Coordination and is billing Medicare for Diabetes Self-Management Program and Medical Nutrition Therapy. It is also piloting the Diabetes Prevention Program and hope to be in a position to bill for Medicare services in the future. The agency also administers a service provider network consisting of 115 service providers.

### **Contingency Plan for 10% reduction in Funding**

DAAA, like several other Area Agencies on Aging in Michigan, has been operating with substantial funding reductions due to the implementation of the Intra-state Funding Formula. Each year, the agency produces a forecast with an alternative strategy that takes funding reductions and unforeseen emergencies into account. Starting in FY 2021 DAAA will lose around 500,000 per year. The agency plans to address this significant short fall by building its donor base, grant development; creation of an Endowment Fund; private pay/cost sharing strategies and third-party reimbursement through Medicare and Medicaid.

## **Detroit Area Agency on Aging**

### **Regional Definition of Community Service Navigator**

<b>Service Name:</b>	Community Service Navigator
<b>Service Category:</b>	Access Service
<b>Service Definition:</b>	Coordination of community supports for older adults and family caregivers at the individual and community levels designed to assist consumers to navigate service delivery systems and access a wide range of home and community-based supports and health/wellness services, public benefits and other resources to empower them to live independently.
<b>Unit of Service:</b>	One hour of individual or community-level coordination of care for older adults or family caregivers to support independent living of elders.
<b>Allowable Services:</b>	A basic assessment and subsequent reassessment every six months and the monitoring of a service plan tailored to the consumer's needs. The Community Support Navigators are responsible for brokering and arranging new or existing community services while working to enhance formal and informal support in the service area. This includes providing internal and external home and community-based services and developing needed resources in collaboration with community partners, other organizations and trained volunteers. In addition, the Navigators will identify and communicate appropriate community agencies to arrange for services and evaluate the effectiveness and benefits of the services provided.

#### **Minimum Standards**

1. Each Community Service Navigator will coordinate services in a designated service area.
2. Preference is for the Community Service Navigator services to be physically located in the service area. Each Community Wellness Service Center entity rendering Community Support Navigator services will be certified as an accessible organization. Accessibility is defined as location in the service area where older adults, caregivers and individuals with a disability can enter the facility, use the rest room and receive services that is at least equal to that provided to an able-bodied person.



- d. Fraternal organizations and/or foundations,
  - e. Faith-based Organizations,
  - f. ADRC partners in the area,
  - g. DAAA designated community focal points
  - h. Hospitals and Wellness programs
  - i. Medicare-Medicaid Assistance Program
9. Community Service Navigator staff shall receive in-service training at least twice each fiscal year which is specially designed to increase their knowledge and understanding of the program and clients, and to improve their skills for tasks performed in the provision of service. An individualized in-services training plan should be developed for a staff person, when performance evaluation indicate a need. In-service trainings may also be made available in group settings within Region 1-A for all Community Service Navigators.
10. The Community Service Navigator may provide other home and community-based services, but must also refer participants to out-side resources.
11. Each Community Service Navigator shall demonstrate that they are in compliance with fire safety standards, local building safety codes, and applicable Michigan and local public health codes regulating food service established, if applicable.
12. Each Community Service Navigator shall document that appropriate preparation has taken place for the following procedures:
- a. Annual fire drill
  - b. Posting and training of staff and regular volunteers
  - c. Basic intake, assessment, service plans and follow up of staff
  - d. Meetings with community partners to collaborate on meeting unmet needs and service gaps of participants and other residents in the community.
13. Each Community Service Navigator is responsible for client tracking, program reporting and documenting unmet need. This includes individual and community-level development, brokering and arrangement of services.
14. Any staff transporting consumers by a personal vehicle must have a valid driver's license and be insured. This must be monitored at least annually.

**Goal 3:** Decrease Social Isolation of Care Management participants.

**Activities:**

1. Support Coordinator will encourage participants to take part in activities in their home, faith-based organizations and/or community.
2. Support Coordinator will assist the participants to register for free and low-cost transportation.
3. Support Coordinator will encourage participants to request a senior companion and/or telephone reassurance.
4. Support Coordinator will encourage participants to have informal supports and have gatherings at the participant's home when possible.

**Expected Outcome:** Reduce the average percentage of all participants who are alone for long periods of time or always AND who also report feeling lonely – or –distressed by declining social activity, 90 days prior to assessment/reassessment (or since last assessment to less than 90 days) to **9%**.

**Goal 4:** Reduce prevalent of Emergency Room Visits and Hospital Stays from Care Management participants.

**Activities:**

1. Support Coordinator will educate participant regarding signs and symptoms to trigger a contact with their medical doctor and when to go to the hospital or emergency room.
2. Support Coordinator will educate participants regarding the importance of taking medication(s) and following medical regimen to prevent hospital and emergency room visits.
3. Support Coordinator will encourage participant to contact the doctor's office for health concerns after discharge.

**Expected Outcome:** Reduce the percentage of all participants who have had one or more hospitalizations or emergency room visits during the last 90 days of the assessment/reassessment (or since the last assessment if less than 90 days) to **25%**.

**Goal 5:** Reduce the prevalence of malnutrition and dehydration.

**Activities:**

1. The Support Coordinator will educate participant regarding signs and symptoms to contact the doctor and when to go to the hospital or emergency room.
2. The Support Coordinator will educate participants regarding the importance of taking medication/s and following medical regimen to prevent hospital and emergency room visits.



Match and Other Resources			
MATCH: Sources of Funds	State Funding	Cash Value	In-Kind
	\$719,734	1,000	\$80,000
OTHER RESOURCES: Sources of Funds	Program Income	Cash Value	In-kind

### Information & Assistance

<b>Starting date: October 1, 2019</b>	<b>Ending date: September 30, 2020</b>
<b>Total of federal dollars: \$237,602</b>	<b>Total of state dollars: \$63,991</b>
<b>Geographic area to be served: Region 1-A (Cities of Detroit, the five Grosse Pointes, Hamtramck, Harper Woods and Highland Park)</b>	

#### Information & Assistance

**Goal 1:** Update and maintain Information & Assistance (I&A) Resource Database to be able to provide accurate and updated information to all identified populations.

#### Activities:

1. Complete the identification and removal of resources in database that are no longer valid.
2. Continue to update valid resources in the database.
3. Identify gaps in available resources.
4. Collaborate with community organizations to identify resources to fill gaps
5. Add identified community resources to the database.
6. Maintain the database according to AIRS standards.

**Expected Outcome:** Greater community access to resources that are accurate and up-to-date.

**Goal 2:** Enhance the skills of I & A Specialists.

#### Activities:

1. I & A Specialists will participate in ongoing training to enhance current skills and develop new skills to serve all identified populations.

**Activities:**

1. Further integrate options counseling into access services.
2. Further enhance and expand options counseling training.
3. Expand capacity building through new procedures, new processes and the cataloging of needed tools.
4. Decrease negative impact of required documentation.
5. Follow up with consumers for at least 90 days.
6. Coordinate options counseling with Community Service Navigators at the Community Wellness Service Centers.

**Expected Outcome:** Develop consistent and standardized procedures, training and quality measures.

☒ **Outreach Services**

<b>Starting date:</b> October 1, 2019	<b>Ending date:</b> September 30, 2020
<b>Total of federal dollars:</b> \$169,448	<b>Total of state dollars:</b> \$60,629
<b>Geographic area to be served:</b> Region 1-A (Cities of Detroit, the five Grosse Pointes, Hamtramck, Harper Woods and Highland Park)	

**Goal 1:** Expand the reach of DAAA programs and services in the community.

**Activities:**

1. Target identified organizations in the outreach database to identify individuals who may benefit from DAAA services.
2. Attend community meetings with elected officials and local government entities to provide information about DAAA programs.
3. Work with I & A providers to target vulnerable, at-risk seniors and adults with disabilities.
4. Develop strategy for educating consumers on accessing Pre-paid Ambulatory Health Plans (PAHP) as MI CHOICE converts to this new system.
5. Utilize social media, local media outlets and cable television to promote DAAA programs in collaboration with municipal governments and other partners.

**Expected Outcome:** Increase community awareness of DAAA programs and services.

**Goal 2:** Increase client enrollment in targeted DAAA programs and workshops.



**Expected Outcomes:** Improve the health status of older adults and caregivers by addressing the social determinants of health.

**Goal 2:** Further expand evidence-based health promotion and disease prevention services.

**Activities:**

1. Continue technical assistance and support for Community Wellness Service Centers and satellites.
2. Assist CWSCs to recruit and train lay leaders, coaches and instructors in evidence-based programs.
3. Set volunteer recruitment and program completion targets.
4. Track measurable outcomes for DSMT on AADE Annual Report with input from the DSMT Advisory Council.
5. Explore the continuation of Take Heart program at targeted sites in collaboration with the University of Michigan and DMC, once it becomes a bona-fide and approved evidence-based service.
6. Promote sustainability of Diabetes Self-Management Training/MNT at select CWSCs through shared resources and bill Medicare and/or third parties.
7. Explore cost sharing, fee-for-services, membership fees and third-party reimbursement opportunities.
8. Work with Passport to Health Collaborative Network to implement Michigan Health Endowment Fund initiative.
9. Develop a toolkit and value proposition that can be marketed to managed care organizations, health systems and other parties.

**Expected Outcomes:** Improve health status of older adults participating in health promotion and disease management programs through proven evidence-based program interventions.

**Long Term Care Ombudsman**

<b>Total of federal dollars:</b> \$61,291	<b>Total of state dollars:</b> \$73,546
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**Goal 1:** Provide advocacy services for nursing facility and community living residents.

**Activities:**

1. Continue to educate nursing facility and community living residents regarding their rights.
2. Investigate complaints from nursing facilities, MI CHOICE, adult foster care and homes for the aged residents and their family members.
3. Collaborate with residents, resident supports, and nursing home facilities to resolve complaints.

Wellness Service Center model through contracts with four agencies assigned to provide services in specific targeted service areas within Region 1-A. These efforts include expansion of wellness activities into congregate meal sites, increasing access to services through Community Service Navigator, and providing transportation and increased access to public benefits and other services. DAAA will continue to advocate for consumers and empower program participants to promote expanded services and resources to address unmet needs. However, with the completion of the strategic planning process and the community needs assessment, DAAA will be potentially approaching AASA regarding modifying its funded services and program development goals given the findings and projected cuts in funding.

**Goal 1: Improve and Expand Health, Wellness and Nutrition of Older Adults**

**Objective 1.1:** Work with Community Wellness Service Centers and other locations to expand health and wellness services through partnerships.

**Activities:**

1. Continue to work with Community Wellness Service Centers to expand provision of health-related services **within** their facilities and at satellite locations.
2. Introduce additional evidence-based programs: Walk with Ease, Powerful Tools for Caregivers and Take Heart.
3. Assist health care and other partners in seeking alternative sources of revenue through the provision of the Medicare Diabetes Prevention Program, cost sharing and fee-for-service.

**Timeline:** 10/1/2019 to 9/30/2020

**Expected Outcomes:** Expand health and wellness services.

**Objective 1.2:** Create sustainable Community Wellness Service Centers.

**Activities:**

1. Continue to enhance Community Wellness Service Centers to support sustainability.
2. Continue to further expand various types of evidence-based health promotion and disease prevention services through community wellness service centers, satellite locations and congregate meal sites through recruitment of trained lay leaders for Tai-Chi, modified Yoga, Take Heart and other programming.
3. Explore expanding Nutrition Services at the fourth Community Wellness Service Centers, if feasible.
4. Expand nutrition services at Congregate Meals sites and satellite locations.
5. Reach out to local television, radio, print and social media to help drive seniors to Community Wellness Service Centers.
6. Seek funding to pay for stipends and other incentives to support volunteers providing training to CWSC participants.



**Timeline: 10/1/2019 to 9/30/2020**

**Expected outcomes:** Develop and Test volunteer-based transportation model to support ongoing transportation efforts.

**Objective 3.2:** Implement senior transportation services in collaboration with DDOT, the Regional Transportation Authority (RTA) and other partners.

1. Integrate senior transportation/information programs available through DDOT, Regional Transportation Authority and MI Choice into a coordinated transportation strategy.
2. Continue to gather data on the triple AIM, increased access, improved health and reduced cost.
3. Evaluate effectiveness of the model to support expansion.
4. Leverage existing limited transportation services to support sustainability.

**Timeline: 10/1/2019 to 9/30/2020**

**Expected Outcomes:** Develop an integrated, effective senior transportation program for older adults in Region 1-A.

**Goal 4: Promote Caregivers through Responsive Training, Education and Support.**

**Objective 4.1:** Work with caregiver support providers, Community Wellness Service Centers and other community stakeholders to expand caregiver support groups in Region 1-A.

**Activities:**

1. Work with Alzheimer's Association, AARP Michigan, Senior Regional Collaborative and other groups to expand caregiver and kinship services.
2. Continue to expand Creating Confident Caregivers and Powerful Tools for Caregivers.
3. Seek additional resources to expand caregiver support, education and training.

**Timeline: 10/1/2019 to 9/30/2020**

**Expected Outcome:** Reduce caregiver burden through caregiver education, training and support.

**Goal 5: Create Age Friendly Communities-for-A-Lifetime in Region 1-A.**

**Objective 5.1:** Submit Age Friendly Communities-For-A-Lifetime for Harper Woods to Commission on Services to the Aging.

## SECTION IV: ADVOCACY STRATEGY

The DAAA developed an FY 2020 – FY 2022 Advocacy Strategy in collaboration with its DAAA Board of Directors, Advisory Council, consumers, and community stakeholders. This Advocacy Platform will target and prioritize issues related to expanding funding and resources for services including a Wayne County Senior Millage. In addition, it will include strategies that will advocate for legislative and congressional action that create, expand and improve services that address unmet needs of seniors in PSA 1-A. Emphasis will be placed on protecting the interest of older adults, caregivers and service providers in policy and system reforms related to the rollout and implementation of Integrated Care and the Affordable Care Act. Areas of unmet need will obtain considerable attention in order to lessen the impact of federal and state funding cuts and to embrace opportunities that will make long term care and health care transformations responsive to the needs of older adults and their families.

### Advocacy Structure

- **DAAA Board of Directors & Advisory Council** – This governing body and its Advisory Council will be the catalyst for the identification of platform issues at the federal, state and local levels in collaboration with the Consumer Advisory Councils of the agency. This work will be implemented through the Public Policy Committee.
- **DAAA Staff** – DAAA staff will continue to advocate and empower older adults and their families through the provision of information and services. In addition, designated staff will support advocacy efforts through analysis of data and legislation, research, policy development and reform.
- **Region 1-A Aging Services Network** – DAAA will continue to inform and solicit input and support from its local aging service network.

### Advocacy Partnerships

#### National

- **National Association of Area Agencies on Aging (n4a)** Legislative Briefing Conference. Board and Staff representatives attend the annual n4a conference and visited congressional leaders to advocate for policy changes impacting older adults.

#### State

- **Commission on Services to the Aging (CSA)** – DAAA will monitor the CSA and ensure that this oversight body to the AASA to the Aging is informed about the needs of older adults and caregivers in PSA 1-A.



- Reauthorization of the Older Americans Act
- Expansion of Funding through the Older Americans Act
- Michigan Intra-State Funding Formula
- Medicare-Medicare Assistance Program
- Senior Community Services Employment Program
- Elimination of In-Homes Services Wait List
- Reduce Direct Care Worker Shortage
- Expansion of Nutrition Services
- Transportation and Mobility
- Social Isolation of Older Adults
- Expanded Role of AAA in Managed Long-Term Care Services and Support
- Age-Friendly Communities
- Well Trained and Paid Direct Care Workers
- Access to Public Benefits / Basic Needs
- Caregiver Education, Training & Support
- Public Safety & Crime Prevention
- Reduce Elder Abuse and Exploitation
- Increase Availability of Affordable Senior Housing
- Veteran Benefits & Services
- Preservation of Affordable Senior Housing
- Civic Education and Engagement
- Home Repair Services

### **Best Practices in Address State Advocacy Priorities**

DAAA has embraced the four state advocacy priorities among its advocacy goals. These priorities include addressing the direct care worker shortage, transportation, prevention of elder abuse and reducing or elimination of the wait list for in-home services. Highlighted below are some best practices that have been implemented in Region 1-A:

#### **Direct Care Workers**

- DAAA has partnered with SEIU and area nursing care facilities to provide Certified Nursing Assistant training.
- DAAA utilized unspent Title V funding to train SCSEP enrollees to become Home Health Aides and Certified Nurse Assistants in collaboration with American Red Cross.

#### **Prevention of Elder Abuse and Exploitation**

- DAAA implemented a No Excuse for Elder Abuse Campaign in collaboration with faith-based organizations, law enforcement, financial institutions and community-based organizations. This strategy also incorporated an anti-bullying messaging.

## **SECTION V: LEVERAGED PARTNERSHIPS**

DAAA plans to work with a variety of partners and community stakeholders to implement its goals and objectives at the regional and service area levels over the next three years. Key planned initiatives appear below.

**AARP Michigan** – Strengthen partnership with AARP Michigan to support caregiving, social isolation, age-friendly communities, public benefits and other initiatives.

**Aging & Disability Resource Collaborative (ADRC) Detroit-Eastern Wayne Partnership:** DAAA will continue to partner with Disability Network – Wayne County/Detroit and other collaborative partners to increase access to long term care and other services through a no wrong door approach.

**Aging Services Consortium:** Continue partnering with service providers and community stakeholders to address aging related issues impacting seniors and caregivers.

**Aging Services Network - (Region 1-A):** DAAA will convene the service provider network to coordinate services, work on quality assurance issues and position the community for Integrated Care and health reform to improve services in the community.

**Area Foundations and Private Corporations:** DAAA will work with local foundations and private corporations to obtain support for producing meals locally.

**Blue Cross-Blue Shield Senior Advisory Council:** Continue to advocate for Medigap, Medicare Advantage and other healthcare products that meet the needs of older persons in Region 1-A.

**Care Transitions Partnerships:** Partner with Michigan Peer Review Organization (MPRO), Detroit Medical Center, Henry Ford Health System, William Beaumont and St. John Providence Health System (confirm)

**Colleges & Universities:** Continue to partner with Wayne State University, University of Michigan, Michigan State University Cooperative Extension and other colleges and universities to tap into invaluable training, education and research capabilities. This includes expansion of field placements and other opportunities to prepare students for the marketplace.

**Congregate Site Directors:** Continue to meet monthly with congregate meal site directors to maintain high quality nutrition services.

**City of Detroit Health Department:** Continue to work with the City of Detroit Health Department on implementation of its public health plan to support improved health.



## COMMUNITY FOCAL POINTS

The Detroit Area Agency on Aging has established community focal points within Region 1-A that assures sufficient access to information and services for older persons through the following criteria:

- Designation of community focal point will encourage the maximum
  - Co-location and coordination of services for older individuals and their caregivers.
  - Define communities through established procedures, including AASA approval of the definition.
  - Recognize social as well as geographic communities.
  - Establish procedures for designating community focal points.
1. Communities with the greatest incidence of older persons with the
    - i. greatest economic or social need.
  2. The delivery pattern of services.
  3. The location of multi-purpose senior centers and congregate nutrition sites.
  4. Record the geographic boundaries of communities and natural and facilities within these targeted areas suitable for designation.
    - i. neighborhoods.
  5. Seek input from older adults, service providers and elected officials in the selection of community focal points.
  6. Give special consideration to multi-purpose senior centers.
  7. In developing a collocation of services, the area agency shall:
    - a. Establish guidelines for operating schedules at the focal point which are convenient for older persons in the community.
    - b. Assure the community focal points have direct access to existing information and referral and emergency services programs.
    - c. Encourage service providers to collocate their services.
    - d. Establish DAAA as a regional focal point for access to services.

The Detroit Area Agency on Aging (DAAA) will operate as the regional community focal point for Region 1-A. It will designate one community focal point for each of its targeted service areas including its Community Wellness Service Centers.

Designated community focal points in the community are highlighted below:

Region 1-A	Detroit Area Agency on Aging
North Central	Peoples Community Services
	City of Highland Park – Ernest T. Ford Community Center
West Detroit	Neighborhood Service Organization at Northwest Activities Center

## **Chronic Disease Self-Management Programs -- PATH and DPATH**

DAAA provides PATH (Personal Action Towards Health and Diabetes PATH in partnerships with Self-Management Resource Center (SMRC), MDHHS and AASA as well as a host of local partners. The suite of CDSME programs developed by Stanford University have been proven to help older adults better manage their chronic conditions, improve their quality of life, and lower health care costs.

CDSMP workshops are designed to help people gain self-confidence in their ability to control their symptoms and learn how their health problems affect their lives. Small-group, highly interactive workshops are six weeks long, meeting once a week for 2 ½ hours, and are facilitated by a pair of leaders, one or both of whom are non-health professionals with chronic diseases themselves.

Currently these sessions are taught at community-based settings such as community wellness service centers, faith-based organizations, schools, senior centers, libraries as opposed to a hospital setting.

Services offered through the evidence-based programs are directly in line with DAAA's mission to educate, advocate and promote healthy aging to enable people to make choices about community-based services that will improve their quality of life. All of these evidence-based programs are aimed to improve and expand the health, wellness, and nutrition services of older adults.

## **Powerful Tools for Caregivers**

DAAA is partnering with AASA and local Community Wellness Service Centers and other collaborative partners to make these Powerful Tools for Caregivers (PTC) workshop available. After providing the required initial workshops, DAAA staff will train other facilitators to provide these enriching and worthwhile educational sessions.

PTC classes help caregivers take better care of themselves while caring for a friend or relative. In the six weekly classes, caregivers learn self-care tools to reduce stress, and manage emotions. The program helps participants increase self confidence in coping with caregiving demands and increase use of local services/resources. Providing CCC and PTC will increase the array of caregiver support services in our planning and service area.

Evidence-based programs like Creating Confident Caregivers and Powerful Tools for Caregivers are directly in line with DAAA's mission to educate and promote healthy aging by educating seniors on the importance of healthy eating, physical activity and engagement in their community. The provision of these services supports Goals 1, 4, and 5.



### **PREVNT Elder Abuse Prevention Grant**

DAAA partners with the MDHHS and AASA to make the Elder Abuse Prevention-in-Action initiative available in Region 1-A. Funding from this grant allows DAAA to bring together faith-based organizations, community groups, and a financial institution to educate the community on ways to prevent financial exploitation along with other categories of physical, and psychological elder abuse. DAAA is implementing the project by expanding the public awareness campaign Elder Abuse – Hiding in Plain Sight, to prevent and/or reduce the prevalence of elder abuse with a focus on financial exploitation.

This innovative and responsive model will help to **educate** and empower the citizens of Detroit and its surrounding communities to **address** elder abuse and financial exploitation of older and vulnerable adults and to help the community against the mistreatment of its citizens.

Elder Abuse Awareness and education offered through the PREVNT initiative is directly aligned with DAAA's mission to educate and promote the health and well-being of older adults being cared for by their **family** members, **friends** and caregivers. This education will help to make informed decisions that can help individuals to protect themselves and others from being affected by possible fraud, waste and abuse.

### **Dementia-Friendly Communities Campaign**

During FY 2020 – FY 2022, DAAA will launch a Dementia Friends campaign in conjunction with its Communities-for-a-Life Time activities with the City of Detroit and surrounding central and eastern suburban communities.

### **Medicare Medicaid Assistance Program**

The DAAA partners with MDHHS, AASA and the Administration for Community Living to operate the Michigan Medicare/Medicaid Assistance Program (MMAP known as State Health Insurance Program nationally.) This includes working with the Administration on Community Living (ACL) and MDHHS on the Senior Medicare Patrol to prevent or reduce the incidences of senior scams; providing options counseling through MI Health Link (MHL) and partnering with MDHHS and ACL to provide critically needed services to beneficiaries through the Medicare Improvement for Patients and Providers Act (MIPPA).

DAAA provides an array of MMAP services including Medicare and Medicaid counseling, enrollment assistance, community outreach and education, fraud prevention guidance to Michigan Medicare beneficiaries, including those beneficiaries dually eligible for Medicare and Medicaid. To help educate and empower beneficiaries and their caregivers on their health care benefits and options.

the reality is that three in four Americans 65 and older have multiple chronic conditions that require medical interventions and limit their daily activity.

Under the Health Endowment grant, DAAA and its partners will focus on empowering 500 participants in a person-centered goal setting process that addresses their individualized health needs. The model utilizes a health assessment, goal setting, coaching, follow up and a structured rewards program to incentivize the incorporation of wellness into participant's daily lives. The PTH program will improve integration of aging services partners and healthcare providers, and introduce geriatric care practice to nursing students with participants from two of DAAA's wellness centers.



## **FY 2020 BUDGET AND OTHER DOCUMENTS**

- Area Plan Budget
- Funded Services Page
- Organizational Chart

DRAFT







Planned Services Summary Page for FY 2020			PSA:		1A
Service	Budgeted	Percent of the Total	Method of Provision		
	Funds		Purchased	Contract	Direct
ACCESS SERVICES					
Care Management	\$ 800,734	9.22%			X
Case Coordination & Support	\$ -	0.00%			
Disaster Advocacy & Outreach Program	\$ -	0.00%			
Information & Assistance	\$ 301,593	3.47%			X
Outreach	\$ 465,827	5.36%		X	X
Transportation	\$ 107,684	1.24%		X	
Option Counseling	\$ 33,000	0.38%			X
IN-HOME SERVICES					
Chore	\$ -	0.00%			
Home Care Assistance	\$ 800,284	9.21%	X		
Home Injury Control	\$ -	0.00%			
Homemaking	\$ -	0.00%			
Home Delivered Meals	\$ 2,515,486	28.96%		X	
Home Health Aide	\$ -	0.00%			
Medication Management	\$ -	0.00%			
Personal Care	\$ -	0.00%			
Personal Emergency Response System	\$ -	0.00%			
Respite Care	\$ 1,123,858	12.94%	X	X	
Friendly Reassurance	\$ -	0.00%			
COMMUNITY SERVICES					
Adult Day Services	\$ 193,627	2.23%		X	
Dementia Adult Day Care	\$ -	0.00%			
Congregate Meals	\$ 780,665	8.99%		X	
Nutrition Counseling	\$ -	0.00%			
Nutrition Education	\$ -	0.00%			
Disease Prevention/Health Promotion	\$ 442,448	5.09%		X	X
Health Screening	\$ -	0.00%			
Assistance to the Hearing Impaired & Deaf	\$ 17,450	0.20%		X	
Home Repair	\$ -	0.00%			
Legal Assistance	\$ 67,023	0.77%		X	
Long Term Care Ombudsman/Advocacy	\$ 148,837	1.71%			X
Senior Center Operations	\$ 103,986	1.20%		X	
Senior Center Staffing	\$ 178,643	2.06%		X	
Vision Services	\$ 17,450	0.20%		X	
Programs for Prevention of Elder Abuse,	\$ 17,033	0.20%		X	
Counseling Services	\$ -	0.00%			
Creating Confident Caregivers® (CCC)	\$ -	0.00%			
Caregiver Supplemental Services	\$ -	0.00%			
Kinship Support Services	\$ 47,750	0.55%		X	
Caregiver Education, Support, & Training	\$ 63,720	0.73%		X	
AAA RD/Nutritionist	\$ -	0.00%			
PROGRAM DEVELOPMENT	\$ 160,884	1.85%			X
REGION-SPECIFIC					
a. Comm Serv Navigator	\$ 271,168	3.12%		X	
b.	\$ -	0.00%			
c.	\$ -	0.00%			
d.	\$ -	0.00%			
CLP/ADRC SERVICES	\$ -	0.00%			
SUBTOTAL SERVICES \$ 8,659,151					
MATF & ST CG ADMINISTRATION	\$ 26,201	0.30%			
TOTAL PERCENT		100.00%	9.65%	58.53%	31.82%
TOTAL FUNDING	\$ 8,685,352		\$837,556	\$5,084,225	\$2,763,571

Note: Rounding variances may occur between the Budgeted Funds column total and the Total Funding under the Method of Provision columns due to percentages in the formula. Rounding variances of + or (-) \$1 are not considered material.

## APPENDIX

Appendices A through F are presented in the list below. Select the appendix from the list on the left. Provide all requested information for **each** selected appendix. Note that older versions of these appendices will not be **accepted** and should not be uploaded as separate documents.

- A. Policy Board Membership
- B. Advisory Council Membership
- C. Proposal Selection Criteria – Approved 3/25/2019
- D. Cash-in-Lieu-of-Commodity Agreement
- E. Waiver of minimum percentage of a priority **service** category – N/A
- F. Request to Transfer Funds



NAME of BOARD MEMBER	GEOGRAPHIC AREA	AFFILIATION	CHECK THOSE THAT ARE APPROPRIATE		
			Elected Official	Appointed	Community Rep.
Terra DeFoe	Detroit	City of Detroit Office of the Mayor		X	
Louis Green	Detroit	UAW Retiree		X	
Louise Guyton	Detroit	Retired, Comerica Bank		X	
Reginald Hartsfield	Detroit	Advantage Management Group		X	
Juanita Hernandez	Detroit	Retired		X	
Reverend Jim Holley, Ph.D.	Detroit	Pastor		X	
Marilyn French Hubbard, Ph.D.	Florida	Retired		X	
Fay Martin Keys, DL,MSW,MLS	Detroit	Wayne State University – School of Social Work		X	
Revered Oscar W. King, III	Detroit	Pastor		X	
Stacia Little	Detroit	Optimist Club		X	
Terri L. Mack, M.D.	Detroit	Medical Doctor		X	
Juliette Okotie Eboh, Ph.D.	Detroit	Vice President, Community Affairs MGM Grand-Detroit		X	

**APPENDIX B**  
**ADVISORY COUNCIL MEMBERSHIP**  
**Fiscal Years 2020 – 2022**

DEMOGRAPHICS						
	Asian/Pacific Islanders	African American	Native American/ Alaskan	Hispanic Origin	Persons with Disabilities	Female
Total Membership	1			3		25
Age 60 or Over		11		1		12
						29
						24

  

NAME OF ADVISORY COUNCIL MEMBER	GEORGIC AREA	AFFILIATION
Victor Arbulu	Detroit	Greater Detroit Association of the Blind and Visually Impaired
Sharon Bell	Detroit	
Deloris Cortez	Detroit	
Sandra Booker	Detroit	Retired
Rose Marie Cutler	Detroit	
Timzetta Dickson	Detroit	Greenhouse Apartments Service Coordinator
Elmer Duff	Detroit	United Auto Workers Retiree
Suzan Forch	Detroit	LASED
Dalia Garcia	Detroit	Retired Nurse
Carol Goosby	Detroit	
Katy Graham	Detroit	Retired Attorney
Nanci Gratsy	Detroit	Delta Manor
Debra Peck Lichtenberg	Grosse Pointe Farms	City Treasurer
Victoria Haltom	Detroit	
Beverlyn Hilton	Detroit	Community Activist
Ann Kraemer	Grosse Pointe	Community Activist
Joyce Li	Detroit	Association of Chinese Americans
Democale Randle	Detroit	Oak Street Health
Charles Reese	Detroit	MMAP
Jannie Scott	Detroit	Presbyterian Village of Michigan
Patricia Simpson	Detroit	Retiree
Virginia Skrzyniarz	Hamtramck	Piast Institute



# **FY 2020 – FY 2022 Multi-Year Plan**

## **APPENDIX C**

### **Proposal Selection Criteria**

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**Date criteria approved by Area Agency on Aging Board of Directors: 3/25/2019**

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#### **Outlines new or changed criteria that will be used to select providers:**

The Proposal Review Criteria for Specialized Services and Community Wellness Service Center was modified in order to better screen applicants for the services to be bidded out for FY 2020 – FY 2022.

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# FY 2020 – FY 2022 Multi-Year Plan

## Appendix F

### Request for Transfer Funds

<b>1</b>	The Area Agency on Aging requests approval to transfer funds from <b>Title III-B Supportive Services</b> to Title III-C Nutrition Services. The Agency assures that this action will not result in a reduction in support for in-home services and senior center staffing. Rationale for this request is below.	Amount of Transfer  0
<b>2</b>	The Area Agency on Aging requests approval to transfer funds from <b>Title III-C-1 Congregate Nutrition Services</b> to Title III-B Supportive Services for in-home services. The rationale as to why congregate participation cannot be increase is described below:	Amount of Transfer
<p>The transfer of \$622,248 from <b>Title IIIC-1 to Title III-B</b> will be utilized to provide services through Community Wellness Centers, including Community Service Navigator (regional definition), Transportation, Disease Prevention/Health Promotion, Senior Center Operations and Senior Center Staffing.</p> <p>There will also be an administrative transfer of \$68,052 from <b>Title IIIC-2 to Title IIIC-1</b> to enable the Congregate Meals Program to be maintained at the FY 2019 level.</p> <p>A total of \$847,470 is allocated from State Alternative Care, State Respite, Merit Award and State In-Home Services to support the Home Delivered Meals program by providing meals to eligible participants as a form of Respite.</p>		
<b>3</b>	The Area Agency on Aging requests approval to transfer funds from <b>Title III-C-1 Congregate Nutrition Services</b> to Title III-B Supportive Services for participant transportation to and from meal sites to possibly increase participation in the Congregate Nutrition Program. Rationale for this request is below:	Amount of Transfer  0